

Summary Check off list for individuals with Down Syndrome:

Past History:

Cardiac Exam:

- ☐ Mitral Valve Prolapse
- ☐ Murmur
- ☐ Septal Defects
- ☐ SBE Precautions
- ☐ Echocardiogram done: _____

Eye Exam:

- ☐ Last exam done: _____
- ☐ Cataracts right eye ____ left eye ____ Surgery done: _____
- ☐ Galucoma
- ☐ Wears glasses
- ☐ Other _____

Hearing exam:

- ☐ Hearing test done: _____
- ☐ Hearing loss/ impairment
- ☐ Hearing aide
- ☐ Other _____

Endocrine:

- ☐ hypothyroidism
- ☐ labs drawn _____ TSH ____ T4 ____ T3 ____
- ☐ diabetes type one ____ type two ____ diet controlled _____

Nutrition:

- ☐ difficulty eating
- ☐ swallowing disorder
- ☐ cough during meals
- ☐ other _____
- ☐ current weight _____

Sleep Pattern:

- ☐ difficulty sleeping
- ☐ Sleeping in odd positions
- ☐ Loud snoring respirations
- ☐ Sleep apnea study done: _____
- ☐ Cpap machine used:

Dental Care:

- ☐ dental visits q ____ months (minimum recommended q 6 months)
- ☐ edentulous: dentures _____
- ☐ SBE Precautions
- ☐ Periodontal disease

Orthopedic Concerns:

- ☐ Xray done for alanto-axial instability
- ☐ Scoliosis
- ☐ contractures
- ☐ other _____
- ☐ Adaptive equipmant used: _____

Speech impairments:

- ☐ Speech therapy
- ☐ Communication devices
- ☐ non verbal
- ☐ Sign language

Gyn:

- ☐ Menses established
- ☐ Pelvic exam done
- ☐ sexually active
- ☐ Birth control
- ☐ counseling
- ☐ Menopause
- ☐ Other _____

Immunizations:

- ☐ Flu
- ☐ Pneumovax
- ☐ Hepatitis B vaccine B Antigen _____ B Antibody _____
- ☐ Tetanus Shot
- ☐ PPD
- ☐ Other _____

Functional Assessment done (if applicable) :

- ☐ Skills assessment
- ☐ Neuropsychological exam